

## **Supplemental Application Data Sheet**

### **Application Information**

Application Number:: 10/599,804

Filing Date:: 10/10/2006

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks:: None

Number of copies of CDs:: None

Sequence submission?:

Title:: METHODS AND SYSTEMS FOR ANALYZING SOLIDS

Attorney Docket Number:: TPI5054USPCT

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 15

Small Entity:: No

Licensed US Govt. Agency:: No

Contract or Grant Numbers:: No

Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Nathan

Middle Name::

Family Name:: Kane

Name Suffix::

City of Residence:: East Haven  
State or Province of Residence:: CT  
Country of Residence:: USA  
Street of mailing address:: 5 Mansfield Grove Road  
City of mailing address:: East Haven  
State or Province of mailing address:: CT  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 06512

### **Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: J.  
Middle Name:: Michael  
Family Name:: MacPhee  
Name Suffix::  
City of Residence:: Pawtucket  
State or Province of Residence:: RI  
Country of Residence:: US  
Street of mailing address:: 134 Crescent Road  
City of mailing address:: Pawtucket  
State or Province of mailing address:: RI  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02861

**Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mark  
Middle Name::  
Family Name:: Oliveira  
Name Suffix::  
City of Residence:: Bedford  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 76 Hancock Street  
City of mailing address:: Bedford  
State or Province of mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 01730

**Correspondence Information**

Correspondence Customer Number:: 27777

**Representative Information**

Representative Customer Number::	27777
----------------------------------	-------

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
<b>This application</b>	<b>National Stage of</b>	<b>PCT/US05/12686</b>	<b>04/14/2005</b>
<b>PCT/US05/12686</b>	<b>Continuation of</b>	<b>60/562,358</b>	<b>04/15/2004</b>

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee Name:: TransForm Pharmaceuticals, Inc.

Street of mailing address:: 29 Hartwell Avenue

City of mailing address:: Lexington

State or Province of mailing address::MA

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 02421